| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
|---------------------------------------|--|--------------------------------|---------------------------|----------------------------------|--------------|-------------|------------------------------|---------------|--------|---------------------|---------------|--|--|
| | | | | | | | Application or Docket Number | | | | | | |
| 1 | PATENT A | D9/546981 | | | | | | | | | | | |
| _ | | Effec | tive atober | 1, 2000 | | | <u>L</u> | | , - | | 101 | | |
| CLAIMS AS FILED - PART I | | | | | | SMA | LL | ENTITY | | OTHER | THAN | | |
| . (Column 1) | | | (Column 2) | | 17 | | | OR | SMALL | ENTITY | | | |
| F | OR | NUN | NUMBER FILED NUMBER EXTRA | | | RA | | FEE | 1 | RATE | FEE | | |
| BA | SIC FEE | | | | | 200 | 443 | 385 | J H | | 771 | | |
| το | TAL CLAIMS | | 20 minus | 20= • |)= • | | 9=- | | ÓЯ | X\$18= | | | |
| INC | EPENDENT CL | AIMS | 3 minus | 3 = ' | = 1 | | 3 | | OR | ×86= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +/4 | 5 | | OR | 290= | | | |
| * 11 | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TOT | | † | OR | TOTAL | | | | |
| | CLAIMS AS AMENDED - PART II 1/21/0 4 | | | | | | | | | OTHER | THAN | | |
| | | (Column 1 | | | | SMA | LL | ENTITY | OR | SMALL | | | |
| - | Residence of | - CLAIMS | | HIGHEST NUMBER | PRESENT | | | ADDI- | | | ADDI- | | |
| Ę | | REMAINING AFTER | | PREVIOUSLY PAID FOR | EXTRA | RAT | E | TIONAL FEE | | RATE | TIONAL | | |
| DME | Total | * 16 | Minus | # 20 | = | X\$ 9 |)= | | OR | X\$18= | | | |
| AMENDMENT | Independent_ | . 3 | Minus | *** 3 | = | XY | ·= | | OR | ×86= | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | , | | 1 | | | | |
| | | | | | | +140 | | | OR | :290 | | | |
| | _ | | | 712104 | | ADDIT. | TAL | | OR | TOTAL ADDIT. FEE | <u> </u> | | |
| | 1) | (Column 1 | | | | | | * * * | _ | y 3 7 | | | |
| 8 | | CLAIMS REMAINING | 200 | HIGHEST NUMBER | PRESENT | | | ADDI- | | · . | ADDI- | | |
| | | AFTER | | PREVIOUSLY | EXTRA | RAT | Ε | TIONAL FEE | | RATE | TIONAL FEE | | |
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| EN | Independent | 110 | Minus | *** | - | | | | OR | | | | |
| Æ | | NTATION OF | MULTIPLE DE | PENDENT CLAIM | | ×4. | 2 | | OR | ×86 | | | |
| - | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ٤ | | OR | 290= | | | |
| | | | | | | | IAL EE | | OR | TOTAL ADDIT, FEE | | | |
| | (Column 1) (Column 2) (Column 3) | | | | | ADOIT. | | | - | | | | |
| 7 | | CLAIMS | 网络教育 | HIGHEST | | F | 1 | ADDI- | | | ADDI- | | |
| MIC | | REMAINING AFTER AMENDMEN | | NUMBER PREVIOUSLY PAID FOR | PRESENT | RATI | E | TIONAL FEE | | RATE | TIONAL FEE | | |
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| | | | | | | | | | | | | | |

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Independent . /

Minus

* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

+145

OR

OR

+290<u>)</u>

OR ADOIT, FEE